Date 4-25-0/ Label No. 2K 405853/96 US

I hereby certify that, on the date indicated above, this paper or fee was deposited with the U.S. Postal Service & that it was addressed for delivery to the Assistant Commissioner for Patents,

Signature

Washington, DC 20231 by "Express Mail Post Office to

Addressee" service.

Name (Print)

Docket No: 0006/0A007

Box PATENT APPLICATION
Assistant Commissioner for Patents
Washington, DC 20231

Sir:

Enclosed please find an application for United States patent as identified below:

Inventor/s (name ALL inventors):

Tsung-Shien CHANG

Title: AUTOMATIC RANGING IN A PASSIVE OPTICAL NETWORK

including the items indicated:

- 1. Specification, including <u>37</u> page(s) of written description; <u>9</u> page(s) of claims; <u>1</u> page(s) of abstract.
- 2. [X] Formal Drawings, 27 sheets (Figs. 1-27)
- 3. [X] Executed Declaration/Power of Attorney
  [] Unexecuted Declaration/Power of Attorney
- 4. [] Application Data Sheet under 37 C.F.R. 1.76.
- 5. [X] Assignment for recording to: Glory Telecommunications Co., Ltd.

[] Assignment was recorded at Reel No. , Frame No. , on . [X] Pursuant to 37 C.F.R. 1.215(b), please print the following assignment information on the face of the published application:

Assignee: Glory Telecommunications Co., Ltd. of Taoyuan, TAIWAN, R.O.C.

The state of the s

- 6. [X] The applicant claims small entity status.
- 7. [] Priority is claimed under 35 U.S.C. [119(b) of:

Country:

Number:

Date:

A certified copy of the prior document [] is enclosed [] will follow [] was filed in a previous application.

- 8. [] Request and Certification under 35 U.S.C. 122(b)(2)(B)(i) for Nonpublication.
- 9. [X] Payment in amount of \$395.00, (\$355 filing; \$40 recording) in the form of

[X] Check Ref. No. D123001472/01011

[] deposit account no.

[] credit card (see attached form)

(See attached Fee Computation Sheet)

Date: April 25, 2001

Respectfully submitted,

Ya-Chiao Chang

Reg. No. 43,407 Attorney for Applicant(s)

## PATENT FEE COMPUTATION SHEET

	No. of Claims Presented	Extra Claims Previously Paid For	Number of Extra Claims	Rate	
Basic Fee					\$710.00
Total Claims	17 - 20	<b>-</b> 0 = 20	x \$18.00		\$0.00
Independent Claims	2 - 3	- 0 = 0	x \$80.00		\$0.00
Miltiple Dependen	t Claims	- if so, add	\$270.00		\$0.00
\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	e submission of fil	ling fee and/or decl	aration (\$130.00)		\$0.00
SIBTOTAL					\$710.00
					\$355.00
Small Entity REDUCTION (Half of Subtotal)  Fige for recordation of assignment (\$40.00)					\$40.00
Thange for filing non-English language application (\$130.00)					\$0.00
TOTAL					\$395.00